HomeVisiting NEBRASKA

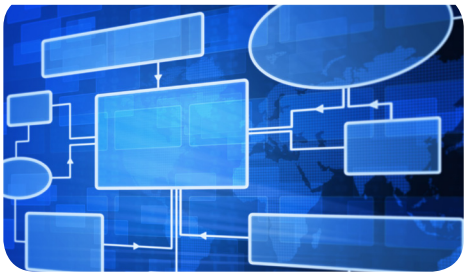
January 2012, Volume 1, Issue 2

Welcome to the quarterly issue of the HomeVisiting in Nebraska newsletter.

The purpose of this newsletter is to:

- Provide a forum for all Nebraska home visiting programs,
- Increase awareness about key issues,
- Improve communication between the state and local home visiting programs,
- Promote information sharing at all levels.

We welcome your feedback, comments or suggestions. Send an email to Sue Spanhake at sue.spanhake@nebraska.gov



What are Assessment Tools and How are They Related to Benchmarks?

Rigorous data collection is fundamental to any program, but especially important to the Affordable Care Act (ACA), Maternal, Infant and Early Childhood Home Visiting (MIECHV) Programs. Data can demonstrate that the ACA program is improving the quality of lives for families and children being served by the program, or show adjustments are necessary in service delivery. Home visitors can use data to develop strategies and goals in family service plans. Monitoring key evaluation areas (constructs) through data collection informs DHHS if home visiting services meet benchmarks.

The value of data is dependent on accuracy. Home visitors provide direct services to at-risk families; play an important role in the success of families achieving goals, and in overall program success.

Assessment tools are one method to capture information on whether or not a construct is achieved. Tools can be as simple as a checklist, keeping doctor appointments, or if household safety precautions are present in the home. Tools can be more complicated and require training to implement properly, like an in-depth interview with a family. Six assessment tools are used in the Healthy Families America (HFA) – Nebraska Panhandle program:

- Family Stress Checklist (also known as the Kempe Assessment)
- Ages and Stages Questionnaires (child physical development)
- Age and Stages Questionnaires: Social-Emotional (child behavioral development)
- Healthy Families Parenting Inventory (parental attitudes, beliefs and behaviors)
- Center for Epidemiologic Studies – Depression Scale or CES-D (maternal depression)
- **U**sed drugs/alcohol (ATOD) more than meant to; **N**eglected responsibilities because of ATOD; Needed to **C**ut down on ATOD; Anyone **O**bjected to use of ATOD; Been **P**reoccupied with wanting to use; Used ATOD to relieve **E**motional discomfort or UNCOPE (substance abuse)

HEALTHY FAMILIES AMERICA

HFA is one of nine approved evidence-based home visiting models for ACA MIECHV programs. This model builds on family strengths. It is designed to work with families who may have a history of trauma, intimate partner violence, mental health, and/or substance abuse. HFA services begin either prenatally or after birth, and are offered voluntarily with one home visit per week for the first six months, and continue for the first three to five years of life. Typically, visits last an hour.

The HFA model, developed in 1992 by Prevent Child Abuse America, is based on 12 critical elements applied through best practice standards while offering programs flexibility to meet family needs. Programs begin with affiliation and work through a two year comprehensive accreditation process to ensure model fidelity.

Website: http://www.healthyfamiliesamerica. org

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BENCHMARKS

Performance measures are required for each construct and are both process- or outcome-oriented in the state plan. Process measures relate to program operations of implementation such as screening or referrals. Outcome measures relate to actual results achieved by program participants such as changes in status, well-being or behaviors.

Definition of benchmarks: Six required outcome areas for the ACA MIECHV program. Each benchmark is composed of specific, measurable items or "constructs" for which data is collected, and all states are required to show quantifiable, measurable improvement on four of the six benchmarks in three years.

This issue's featured benchmark is Benchmark 1: Improved Maternal and Newborn Health.

- Prenatal Care (PNC) – Has four functions: assess risk to mother or fetus, on-going monitoring, health education, and psychosocial support. The Kotelchuck Index assesses timing and quantity of prenatal care visits. Outcome measure.
- Parental use of alcohol, tobacco, or illicit drugs – UNCOPE is a simple way to identify risk for ATOD abuse and dependence. Women are screened annually and when indicated by the home visitor. Process measure.
- Preconception Care – Is emerging as key in improving women's and children's long-term health. We are monitoring women's primary care visits when not pregnant. Outcome measure.
- Inter-pregnancy interval - Short interpregnancy intervals (less than six months) are associated with increased risk of poor outcomes for mother and fetus. We assess client referrals for family planning and/or reproductive health services. Process measure.
- Maternal depression screening – Postpartum depression impacts the lives of women, their children and family. We screen for depression using the CES-D scale. Process measure.
- Breastfeeding – Is an important factor for infant nutrition and bonding. It is scored on duration and exclusivity during the first 12 months. Outcome measure.
- Well-child visits – Infant immunization status is a useful proxy measure for preventive health visits. Full immunization requires four visits by age 15 months. Outcome measure.
- Maternal health insurance – Families without full insurance coverage are less likely to receive preventive care. At-risk families are less likely to be aware of the coverage options. Outcome measure.
- Child health insurance. See Maternal health insurance. Outcome measure.

OTHER HOME VISITING PROGRAMS MANAGED BY DHHS

In 2008, the Nebraska Legislature appropriated $600,000 to expand the state's network of home visitation services. The DHHS Division of Children and Family Services is responsible for executing and monitoring these contracts. Initially, four providers (Visiting Nurse Association, Lincoln Lancaster County Health Department, St. Francis Medical Center, and Goldenrod Hills Community Action, Inc.) were funded to provide services in Burt, Cedar, Cuming, Dixon, Douglas, Hall, Howard, Lancaster, Madison, Merrick, Nance, Sarpy, Stanton, Thurston and Wayne counties. Recently, St. Francis closed its program. Other options in the Grand Island area are being explored at this time. Shirley Pickens-White provides oversight on these contracts, and can be contacted at shirley.pickenswhite@nebraska.gov .

Please note: Currently, HFA – Nebraska Panhandle is the only ACA MIECHV funded program.

PETRA SMITH

IT Business Systems Analyst, Nebraska ACA Home Visiting Program

Petra joined the Nebraska ACA Home Visiting Program in October. Previously, she served as an Administrator, Manager and Liaison for Cedars in Lincoln. She has over 18 years experience delivering home based family support and juvenile justice services. Petra was instrumental in implementing the Healthy Families America evidence-based model in Lancaster County. As the IT Business Systems Analyst, she brings invaluable experience and contributions to the program. Petra's work includes putting into action six benchmarks and 37 constructs, development of a data collection resource manual and training of home visitors, the development of a continuous quality improvement plan, and general technical assistance.

Please Share With Us!

- Do you have a story you want to share about a local home visiting program?
- Is there a topic you would like to see in this newsletter?
- Other suggestions?

Send your items to Sue Spanhake, Program Coordinator, at sue.spanhake@nebraska.gov or call Sue at 402-471-1938.

Check out the website for updates to the program at http://dhhs.ne.gov/publichealth/Pages/lifespanhealth_home_visitation_home-visiting-needs-assessment.aspx

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